

Consumer Authorization for Direct Deposit (ACH Credits)

Company Name: Spencer County Board of Education

Address: 207 West Main Street

Taylorsville KY 40071

Contact Name: Gwen Shouse

Company Id: _____

I (we) hereby authorize Spencer County Board of Education hereinafter called "Company" to initiate credit entries to my (our) _____ Checking / _____ Savings account indicated below at the depository financial institution named below, hereafter called "Depository" and to credit the same to such account. Additionally, I (we) authorize the Company to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my (our) account indicated on this form. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Nine Digit Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notice from me (or either of us) of its termination in such time and in such manner to afford Company and Depository a reasonable opportunity to act on it.

Individual Identification Number: _____ (Assigned by Company)

Name(s): _____
Print Name Print Name

Signature(s): _____

Date: _____ Date: _____

By signing this authorization, you also agree that shall you decide to revoke this authorization, you will do so in the manner specified in the original agreement between you and Company. Consumer Initials _____.

A copy of this Authorization for Direct Deposit ACH Credits will be retained by the Company for a period of two years following its date of termination either by the consumer or the Company. Copies of this authorization will be provided to any related party within 60 days of receipt of written request.

Initials of Company Contact reflect a copy of this authorization has been provided to consumer. _____